

Winston Alvarado
National Stage Processing
Patent Specialist
(703) 365-6421

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

Serial No.

10/522176

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		1			
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TOTAL CLAIMS	1		11			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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